



CBAS Stakeholder Workgroup Meeting

December 3, 2013



Agenda

Agenda		
2:00	Introduction	Bobbie Wunsch
2:15	Overview: Workgroup Objectives, Deliverables, Timeline	Bobbie Wunsch
2:30	Beginning the Conversation <ul style="list-style-type: none">▪ Current CBAS Environment▪ Identification of Issues for Consideration	All
3:45	Materials Review <ul style="list-style-type: none">▪ CBAS Special Terms and Conditions▪ CBAS Standards of Participation▪ Stakeholder Input to Date	Denise Peach Jeannie Smalley
4:10	Public Comment	All
4:40	Next Steps/Review of Action Items	CDA Staff
5:00	Meeting Adjourned	

Introductions



CBAS Stakeholder Workgroup

Facilitator: Bobbie Wunsch, Pacific Health Consulting Group

Managed Care Plans Members:

Inland Empire Health Plan	Dr. William Henning
LA Care	Terrie Stanley
LA Care	Dr. Trudi Carter
Anthem Northern California	Dr. Wendy Tong
Partnership Health Plan	Dr. Robert Moore
Partnership Health Plan	Sonja Bjork
Care 1 st	Dr. Jorge Weingarten
Care 1 st	Pamela Mokler

Advocates/Consumers:

Alzheimer's Association Representative	Ruth Gay
Mental Health Representative- California Elder Mental Health and Aging Coalition (CEMHAC)	Viviana Criado
Consumer	Shirley Parker
Consumer Advocate	Rosalie Marchand

CBAS Provider Representatives:

California Association of Adult Day Services	Lydia Missaelides
Adult Day Health Care Association	Berdj Karapetian

CBAS Providers:

Adult Day Services of Napa Valley	Celine Regalia
Peg Taylor Center for Adult Day Health Care	Diane Cooper Puckett
Among Friends Adult Day Health Care	Mark Kovalik
Graceful Senescence Adult Day Health Care	Nina Nolcox
Acacia Adult Day Services	Mallory Vega

Legislative Staff:

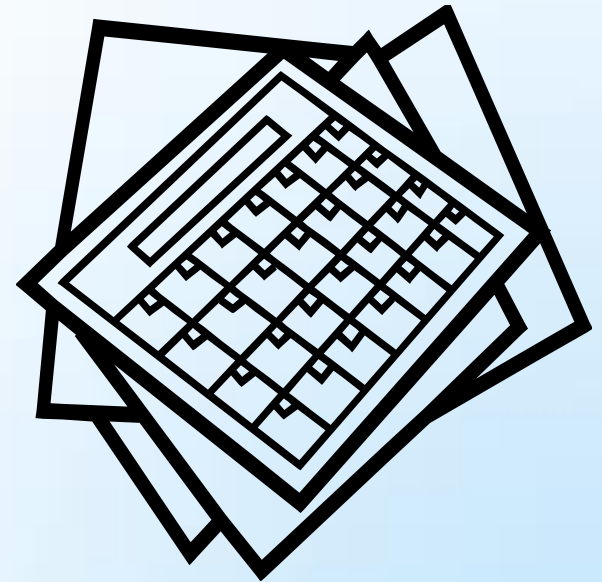
Assembly Committee on Aging and Long-Term Care	Robert MacLaughlin
Senate Budget Committee	Michelle Baass

State:

DHCS	Jane Ogle
DHCS	John Shen
DHCS	Jeannie Smalley
DHCS	Sarah Brooks
CDA	Ed Long
CDA	Denise Peach



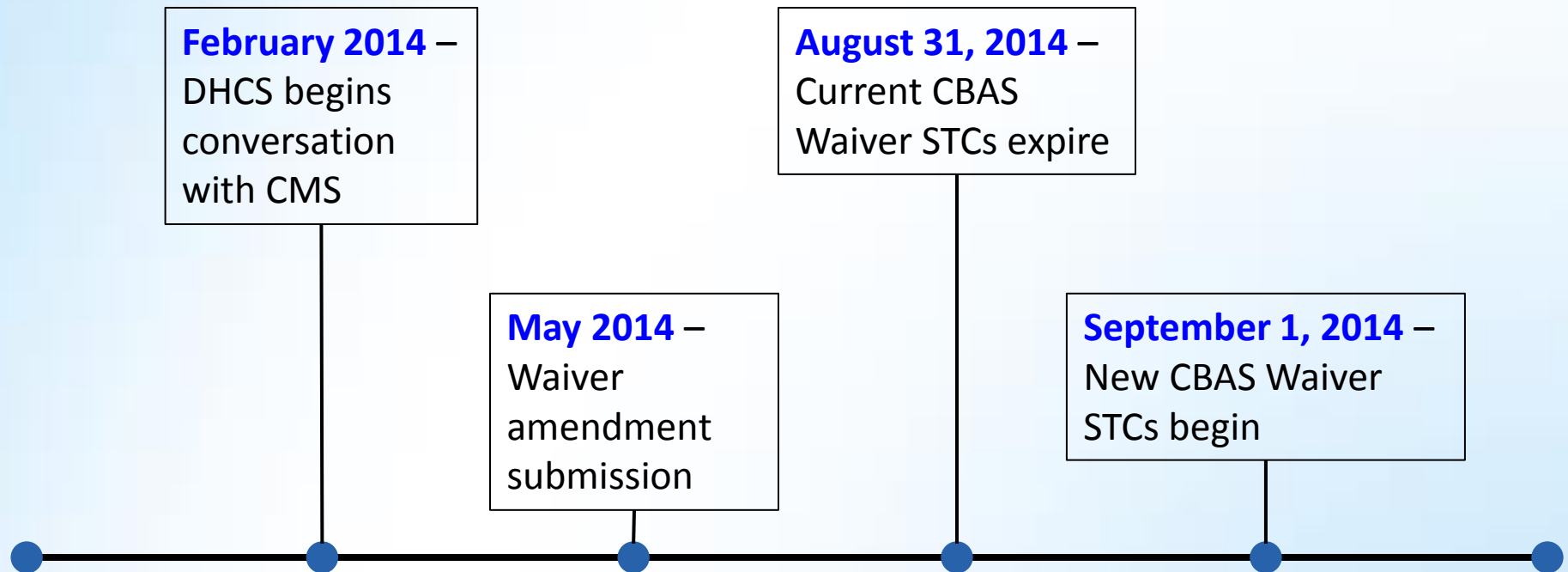
Overview: Workgroup Objectives, Deliverables, Timeline



Workgroup Objectives

- Develop recommendations for:
 - Amending the CBAS Special Terms and Conditions (STCs) and Standards of Participation (SOPs) in the BTR 1115 Waiver
 - Future CBAS Program direction

Waiver Timelines



Workgroup Meeting Schedule

Date	Time	Subject
12/03/13	2-5 pm	1 st Stakeholder Workgroup Meeting
01/09/14	2-5 pm	2 nd Stakeholder Workgroup Meeting
02/04/14	2-5 pm	3 rd Stakeholder Workgroup Meeting
03/06/14	2-5 pm	4 th Stakeholder Workgroup Meeting
04/10/14	3-5 pm	CBAS Stakeholder Process Summary Webinar

Workgroup Meetings - Focus Overview

Meeting #1 – 12/03/13

- Identification of Workgroup tasks and timelines from previous meetings
- Defining issues, opportunities, and parameters
- Active stakeholder participation and discussion

Meetings #2 and #3 – 01/09 /14 and 02/04/ 14

- Immediate Workgroup goal – amending the Waiver
 - ✓ Special, Terms, and Conditions (STC) review
 - ✓ Standards of Participation review

Workgroup Meetings - Focus Overview

Meeting #4 – 03/06/14

- Finalizing Waiver amendment recommendations
- Defining medium and long-term future opportunities and next steps

Workgroup Meetings – Standing Agenda Items

Each meeting will include:

- ✓ Review of action items and assignments
- ✓ Consideration of stakeholder input received between meetings
- ✓ Public comment

Beginning the Conversation



Current CBAS Environment and Issues

- ☐ What's working well under managed care?
- ☐ What needs improving?
- ☐ What are the opportunities, challenges, and constraints?

Materials Review



Workgroup Tools

- Special Terms and Conditions (STCs) Matrix
- Standards of Participation (SOP) Matrix

Materials Review – Special Terms and Conditions

Community-Based Adult Services (CBAS) Providers Special Terms and Conditions August 29, 2013

#	Terms and Conditions	Recommended Actions				Amendments/ Comments/Questions
		Delete	Add	Change	No Change	
1	95. Community-Based Adult Services (CBAS) Eligibility and Enrollment. "Community Based Adult Services" is an outpatient, facility-based program that delivers skilled nursing care, social services, therapies, personal care, family/caregiver training and support, nutrition services, and transportation to certain State Plan beneficiaries.					
2	a. <u>CBAS Program</u> must be operational for the period from April 1, 2012, through August 31, 2014 for CBAS Beneficiaries who:					
3	i. Are those persons who are age 18 years and older;					
4	ii. Derive their Medicaid eligibility from the State Plan and are either aged, blind, or disabled; including those who are recipients of Medicare.					
5	b. <u>CBAS Program Enrollment Criteria</u> . The CBAS benefit will be available to all CBAS beneficiaries who qualify based on the medical criteria in (i) through (vi) and comply with the requirement in (vii) to enroll in managed care for CBAS services:					

Materials Review – Standards of Participation

Community-Based Adult Services (CBAS) Providers Standards of Participation December 2011

#	Standards	Recommended Actions				Amendments/ Comments/Questions
		Delete	Add	Change	No Change	
1	General Provider Requirements An existing Adult Day Health Care (ADHC) center with an active unencumbered license may apply to the Department of Health Care Services (DHCS) or its designee, to become a waiver provider.					
2	Upon meeting the criteria for enrollment, the ADHC center licensee will be designated as a "Community-Based Adult Services (CBAS) provider." This specific waiver provider designation will afford CBAS providers the opportunity to deliver outpatient waiver services to eligible waiver participants in a community setting.					
3	As an 1115 waiver provider, a CBAS provider delivers waiver services in an outpatient home-like setting.					
4	CBAS providers: 1) shall meet all applicable licensing and Medical and waiver program standards, as described or referenced in this document;					
5	2) are subject to these waiver Standards of Participation (SOPs);					
6	3) shall provide services in accordance with the participant's physician-signed Individualized Plan of Care (IPC);					
7	4) shall adhere to the documentation, training,					

Materials Review – Special Terms and Conditions Example

Community-Based Adult Services (CBAS) Providers Special Terms and Conditions August 29, 2013

#	Terms and Conditions	Recommended Actions				Amendments/ Comments/Questions
		Delete	Add	Change	No Change	
	managed care plan.					
15	<u>c. CBAS Patient Protections.</u> i. <i>No Disruptions in Care.</i> State Plan Beneficiaries who previously received Adult Day Health Care Services between July 1, 2011 and February 29, 2012 must have a face to face assessment to determine CBAS enrollment qualification, but there will be no disruption in care until the face to face assessment has been conducted.	✓				Provision is related to transition of ADHC participants into CBAS at time of ADHC Medi-Cal benefit elimination. No longer relevant.
16	ii. <i>Second Level Review.</i> State Plan Beneficiaries who previously received Adult Day Care Services between July 1, 2011, and February 29, 2012 and have been determined not to meet the level of care for CBAS by the Department or a managed health care organization may request a second level review. The second level review may be requested by the beneficiary, their family or guardian. An individual must continue to receive CBAS services if the individual was receiving CBAS prior to being	✓				Provision is related to transition of ADHC participants into CBAS at time of ADHC Medi-Cal benefit elimination. No longer relevant. Question: Second level review is not specified elsewhere in STCs. Should second level review requirements continue for new CBAS participants after 8/14? If so, where should they be specified?

Workshop “Homework”

Stakeholder Input To Date

Public Comments

- ❖ Please state your name and organization
- ❖ You'll have 1 minute to offer your comments to members of the workgroup.



Next Steps/Review of Action Items



Meeting Adjourned



CDA Contact Information

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Phone	(916) 419-7545

Thanks for Participating!